



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 157548		2. Exact name of the limited liability company Dynamic Communication, Inc. LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island consulting services			
5. Principal office address 121 Benevolent Street		City Providence	State RI	Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Clifton Dutton Contact Title _____ Street Address 121 Benevolent Street City Providence State RI Zip 02906					
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name _____ Street Address _____ City _____ State _____ Zip _____			Manager Name _____ Street Address _____ City _____ State _____ Zip _____		
Manager Name _____ Street Address _____ City _____ State _____ Zip _____			Manager Name _____ Street Address _____ City _____ State _____ Zip _____		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Charles H. Boisseau Address 155 South Main Street City Providence Zip 02903					

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

157548

File Date	4-7-09
Check No.	478
By:	mmc
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Clifton C. Dutton **4/6/09**
Signature of Authorized Person Date

Clifton Dutton

Print or Type Name of Authorized Person